Division	rf Health Service Re	gulation			
STATEMEN AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA.:  (DENTIFICATION NUMBER:	(XZ) MULTIPU A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		HAL080006	B. WING		02/04/2015
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	
		1A2 N 909	JSBULRY A	VENUE	
BETHAM	Y RETIREMENT CEN	TER SPENCER	R, NC 28159	1	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (BACH CORRECTIVE ACTION SHOULD BE / CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
C 000	Initial Comments		C 000		'
		iennial construction survey ell and Dennis Harrell on		CONSTRUCTION SEC	TION
	This facility was submitted or licensed on 12/01/1975 as a Home for the Aged serving 29 residents. On February 17, 1997 a 14 bed addition was built bringing the current capacity up		2	APR 0 1 2015 RECEIVE	D
	to 43 residents. The facility must meet to portions of the 2005 Adult Care Homes, Building Code for Daniel The newer section 1996 and the applic Rules for the Licensend, the 1996 NC Strictlitutional Occupants	serefore the older section of the the 1971 and the applicable is Rules for the Licensing of and, the 1967 NC State 0-2 Institutional Occupancy, of the facility must meet the cable portions of the 2005 sing of Adult Care Homes, State Building Code for I-2-ancy.			
	Deficiencies were r of correction.	noted which will require a plan			
,C 101	_	ec- No less than 71 Rules	C 101	,	
	PHYSICAL PLANT The physical plant is care home shall be (2) Except where of flicensed facilities or facilities shall meet requirements in effection of the requirements for no addition or renove than those requirements "Winimum and Desi	01 APPLICATION OF REQUIREMENTS requirements for each adult applied as follows: otherwise specified, existing reportions of existing licensed licensure and code ect at the time of construction, or bed count, eddition, ation; however in no case shall or any licensed facility where vision has been made, be less nents found in the 1971		Significan	
Avision of P	with Service Regulation	Open include propressional arch	MATRIDE	TITLE	OWN DATE

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DOI DATE SURVEY (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: D1 B. WING 02/04/2016 800080.LAH STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 909 N SALISBULRY AVENUE BETHAMY RETIREMENT CENTER SPENCER, NC 28159 (X6) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 101. C 101 Continued From page 1 Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire elarm or obstructing sprinkler coverage. SALISBARY FIRE AND APPLIANCE TO PUT SMOKE 49-15 DETECTOR IN OFFICE Findings on 02/04/2015: -The office closet has no sprinkler, heat detector, or smoke detector. Provide sprinkler coverage in this closet. CLOSET Besed on observation, the facility was not maintained in a safe manner by having doors of . insufficient rating installed on the corridor. This could affect all residents and staff by not containing smoke and fire in the room of origin. REPLACE HOLLOW DOOR Findings on 02/04/2015: The corridor door on room 8 is a 1 3/8 inch thick hollow-core door. Install a 1 3/4 inch solid-core door. C 133 · C 133 Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand orips shall be installed at all commodes, tubs and showers used by or accessible to residents;

Division of health Service Regulation

Division of Health Service Regulation (X3) DATE SURVEY STATEMEN OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (CC) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 02/04/2015 HAL080006 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 909 N SALISBULRY AVENUE BETHAM! RETIREMENT CENTER SPENCER, NC 28169 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DAYE CROSS-REFERENCED TO THE APPROPRIATE . REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 133 C 133 Continued From page 2 This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner because hand grips are coming loose from the wall. This would effect all residents using these toilets by exposing them to fall hazards Findings on 02/04/2015: RESECURE GRABBARS There are loose hand grips at the following toilets: a) Bathroom S4, b) Bathroom S8 54 58 C 148 C 148 Corridors-Handrails SECTION .0300 ~ PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner because a handrail is coming loose from the well. This would effect all residents using the handrall by exposing them to fall hazards. RESECURE HANDRAIL 3-14-15 Findings on 02/04/2015 RIGHT END OF CORRIDOR At the right end of the corridor next to the kitchen the handrail is coming loose from the wall. Secure. C 150 C 150 Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT

	of Health Service Re	gulation						
AND PLAN	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION: A, BUILDING: 01		COMPLETED			
		HAL080006	B. WING		02/0	4/2015		
NAME OF	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE				
BETHAN	909 N SALISBULRY AVENUE SPENCER, NC 28189							
			PROVIDER'S PLAN OF CORRECTION		OND.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OEFICIENCY)		COMPLETE DATE		
C 150	Continued From page 3		C 150					
	(g) The requirements for corridors are:  (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by:  1. Based on observation, the building corridors were not maintained in a safe manner because med carts, wheelchairs and other equipment were blocking egress.							
				REMOVE MED CARTS WHEELCHAIR OTHER EQUIP	_	3-14-15		
	equipment blocking	rts, wheelchairs and other the left front and end comidor, cking the back center exit						
C 189	Building Equipmen	Maintained Safe, Operating	C 189					
	mechanical, and pli care home shall be operating condition (k) This Rule shall facilities with the ex	nd all fire safety, electrical, umbing equipment in an adult maintained in a safe and				-		
	meintained in a saf the fire-resistance	vation, the building was not be manner by not maintaining rating of building components. If residents by not containing the room or smoke gin.						

Division of Fealth Service Regulation STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION. (X1) PROVIDER/SUPPLIER/CLIA O(3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING 900080JAH 02/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 909 N SALISBULRY AVENUE BETHAMY RETIREMENT CENTER SPENCER, NC 28159 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (28) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 4 OREMOVE METAL FROM 4-5-15 a. The celling over the bathtub in room N12 has CETLING. REPLACE WITH been patched with metal. Repair with gypsum to restore the fire resistance rating of the ceiling. 5/8 SHEETROOCK b. In the storage room ceiling across the hall from ADJUST SPRINKLER HEAD TO LEUD! the kitchen the sprinkler excutcheon has slid down revealing an unprotected penetration. TO LEUAL OF CEILING, The plastic conduits penetrating the ceiling of O FIRE CAUCK CONDUIT AT the electrical room near room 10 must be filled at FLOOR, AND AT CEILING the bottom with an approved firerstopping material. PATCH AND PAINT CEILING 4-5-15 d) The Pantry ceiling is splft open. Seal with an approved firestopping material that is part of a firestop system that meets ASTM E-814. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm or obstructing sprinkler coverage. 3-31-15 ORDER ACCESS DOOR FROM Findings on 02/04/2015: The duct smoke detectors on the attic HVAC BEAKER, INSTALL units do not have access doors to inspect and CLEAN SAMPLETURES/ADJUST clean the sample tubes. 3-29-15 · RESECURE HEAT DETECTOR b. In the front of the attic near the kitchen there is a heat detector hanging by the wires. SALISBURY FIRE APPLIANCE 3-31-15 c) In the front center Living Room a smoke PURCHASE FUSE 169 damper in a ceiling HVAC vent has activated. d) In the front center Living Room a smoke demper in a ceiling HVAC vent has activated. 3. Based on observation, the building exit

Division of Fealth Service Regulation

PRINTED: 03/10/2015 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA . (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING 800080.JAH 02/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 909 N SALISBULRY AVENUE BETHAMY RETIREMENT CENTER SPENCER, NC 28159 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATIONS TAG TAG DEFICIENCY) C 189 Continued From page 5 C 189 signage and emergency illumination were not maintained in a safe manner. This would effect all residents by not keeping the exits visible in an emergency. Findings on 02/04/2015:: Exit signs and emergency lights are not working in the following locations: Exit sign near room 1N has the bulbs burned REPLACE BULBS 3-14-15 out. Exit sign near room 1N needs chevron 3-14-15 REMOVE ARREW . removed to indicate direction of egress. ADD WHIT TO 24 HOUR LT 3-29-15 There is no emergency lighting in the south dining room which was constructed in 1997. 3-14-5 d) The kitchen Exit light is not working on bettery REPLACE EXIT LT backup. 9-24-15 REPLACE BULB e) Exit sign near room 3N has the bulbs burned out 3-14-15 REPLACE EXIT IT f) Exit sign near room 8 has no battery backup, and there is no generator. 3-31-15 REPLACE EXIT LT a) At the cross corridor doors at the kitchen, the battery backup on the Exit sign does not work. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing cross connects. This would effect all residents by potentially siphoning waste water into the potable water system. Findings on 02/04/2015: The following bathroom apray hoses have no vacuum breaker to prevent siphoning: a) Room b) Room S15, c) Room S17, d) Room S4,

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	T OF DEFICIENCIES , OF CORRECTION,	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP A. BUILDING	LE CONSTRUCTION :: 01	(X3) DATE SURVEY COMPLETED			
		HAL080006	B. WING		02/04/2015			
NAME OF	ROVIDER OR SUPPLIER	STREET AD	DRESS, ÇITY,	STATE, ZIP CODE				
BETHAN	ETHANY RETIREMENT CENTER 909 N SALISBULRY AVENUE							
		SPENCER	R, NC 28169					
(X4) ID PREFIX TAG	BUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERCENCY)	LD BE COMPLETE			
C 189	Continued From page 6		C 189	SOUTHEASTERN FLUMEING	ORDER			
	e) Room S5.	,		VACUUM BREAKERS/11	USTACL 3-29-15			
	<ol><li>Based on observ</li></ol>	vation, the building was not		Room 6, S15, S17, S	4, s 5			
		manner because tollets are		, ,	′ .			
		the floor. This would effect all						
. 1		toilets by exposing them to						
	feaks from a broken	wax seal.	٠.					
	Findings on 02/04/2				1			
		ming loose from the floor in ns: a) Bathroom at N Hali						
				]	'			
1		Nurse Station, b) Employee bathroom near N Hall Nurse Station, c) Bathroom at room 2N, d)						
	Bathroom #9.	,, -,						
		ration, the building electrical		1				
		components were not maintained in a safe		-	1			
	and components we	ectrical panels were blocked are in disrepair.						
	Findings on 02/04/2	015:			20			
			. 82	REMOVE ALL ITEMS ?	3-22-15			
- 1		The electrical panels are blocked by stored items in the electrical room near room 10.		31-11 COOM FLECTED	CAC			
1		1		TANELS				
	b) The duplex outlet in the Activity Office is			TANELS				
1	coming loose from t	oming loose from the wall.			UER 4-4-15			
1	n). The front left and	exterior GFCI outlet will not	e.	REPLACE OF CI AND CO	JUEK .			
		he weatherproof cover.			1 1			
	uip, and is missing i	ne wednesproof cover.	,	REPLACE GFCI AND C	. 1150 2111			
	d) The GFCI outlet	to the left of the front door will	*	REPLACE OFCI AND C	BV C N   4-4-15			
		ng the weatherproof cover.						
- 1				REPLACE GFCI AND C	0.168 0.41.5			
- 1		next to the biurdbath out	40	KELTHOE. ALCI HUD C	00.67   7-9-17			
- 1	cover.	Is missing the weatherproof						
- 1	LOYOI.				, -			
- 1	7. Based on observ	ration, the building plumbing						
		ot maintained in a safe						
- 1		hower is damaged. This						

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA (XX) MULTIPLE CONSTRUCTION (XIS) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAI\_080006 02/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 909 N SALISBULRY AVENUE BETHANY RETIREMENT CENTER SPENCER, NC 28159 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XII) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 189 Continued From page 7 C 189 could effect all residents using the shower by exposing them to a cut hazard. Findings on 02/04/2015: 4-5-15 REPLACE FLOOR The floor of the shower in Bathroom #9 is. damaged. Based on observation, the facility was not maintained in a safe manner by having corridor doors not able to resist the passage of smoke.. This could affect all residents and staff by not containing smoke and fire in the room of origin. Findings on 02/04/2015: 2 N REPLACE DOOR FRAME 4-5-15 Corridor doors have issues in the following: locations: a) The bathroom door near room 2N . 3 N ADJUST DOOR is scrubbing the frame, b) Room 3N door has a IN CLOSET DOOR KNOB TIGHTED 3-12-15 gap at the top. c) Room 2N door has a gap at the top, d) Room 2N closet door hardware falling 3-22-15 PANEL ROOM WORTH HALL off, e) Storage room door accross from kitchen removed, reinstall. HANG DOOR C 196 Hot Water System C 195 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

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Division of Health Service Regulation STATEME IT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL080006 B. WING 02/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 909 N SALISBULRY AVENUE BETHANY RETIREMENT CENTER SPENCER, NC 28159 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 195 Continued From page 8 C 195 This Rule is not met as evidenced by: Based on observation, the building hot water system was not maintained in a safe manner because water temperatures exceeded the maximum allowed. Findings on 02/04/2015: 3-29-15 CIRCULATOR FUMP BAD The hot water in the bathroom at the N Hall Nurse Station tested at 128 degrees F. The tenk was REPLACE immediately dumped and the thermostat 3-29-15 ADDUST WATER TEMP adjusted. Followup testing before departure revealed 102 degrees F. Ensure temperature is 100° TO 116 maintained between 100 - 116 degrees F.

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